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SUBJECT: USAID/OFDA MONITORING VISIT TO NORTHERN UGANDA

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SUMMARY  
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¶1. From March 30 to 31, 2009 a USAID team visited OFDA NGO activities in northern Uganda. These activities focus on improving returning IDP's access to water, sanitation, hygiene and livelihoods through rehabilitation of water points, hygiene education, and income generating activities.

¶2. The program is having a generally positive impact; however, the hygiene promotion programs continue to struggle as NGOs work to bring about behavior change. This is evidenced by the low priority returnees give to latrine construction and the increase in Hepatitis E virus (HEV), particularly in Kitgum District.

¶3. One issue noted throughout the visit was the dependency on foreign assistance. It is understandable considering that many people have relied on humanitarian assistance for up to 20 years, but it does create a challenge for NGOs transitioning from emergency to development assistance.  
End summary.

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Background  
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¶4. From March 30 to 31, USAID/OFDA Disaster Operations Specialist Michelle Shirley and USAID/Kampala Program Management Specialist (PMS) David Mutazindwa traveled to Gulu, Pader and Kitgum Districts to monitor OFDA programs implemented by the International Rescue Committee (IRC), AVSI, Mercy Corps, and Medair.

¶5. Since 1986, protracted conflict between the Lord's Resistance Army (LRA) and the Government of Uganda (GOU) has led to a complex emergency in northern Uganda marked by violent attacks against civilians, extensive displacement, and the abduction of children for forced conscription,

labor, and sexual servitude. In early 2005, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that LRA attacks had displaced nearly 95 percent of the ethnic Acholi population in Gulu, Kitgum, Pader, and Lira districts. At the height of the conflict, approximately 1.8 million people were internally displaced by ongoing violence in Uganda. Since 2006, improved security, increased freedom of movement, and significant progress toward a negotiated settlement to the conflict have facilitated internally displaced persons (IDPs) to relocate closer or return to villages of origin. As of September 2008, OCHA reported that more than two thirds of IDPs residing in camps in northern Uganda had returned to areas of origin. Furthermore, security throughout the region is good and contributing to continued confidence in return.

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Hepatitis E Virus (HEV)  
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¶6. On March 30, the team visited soon to terminate water/sanitation/hygiene (WASH) activities in Kitgum being implemented by IRC and AVSI. The NGOs are constructing and/or rehabilitating boreholes, hand-dug wells and latrines, and undertaking hygiene education and promotion.

¶7. Both organizations cited poor sanitation practices as the leading causes of diarrheal diseases, particularly HEV. Because of the HEV outbreak in mid-2008, IRC has invested significant effort in prevention and treatment of the disease in Kitgum. The team visited Adyel village, where IRC is working with a community health group, village health teams, and water user committees to raise awareness of HEV. The community health group performed a play that outlined the causes of HEV, the importance of seeking medical assistance, and measures that can be taken to prevent the spread of HEV.

¶8. Following the IRC visit, the team met with AVSI and reviewed its WASH activities in Otto Jamaica village where roughly 55 IDP families have returned. AVSI installed a borehole after learning that residents were using a contaminated hand dug well. Following the installation of the borehole, village residents were provided with instructions, tools and prefabricated floor slabs to construct household latrines.

¶9. AVSI highlighted increasing HEV cases as the biggest issue it deals with at the moment. Given the continuous return of IDPs, it is often hard to pinpoint where the disease began thus making it difficult to determine where to target interventions. There is also a growing concern that the number of cases could rise significantly with the onset of the rainy season. In addition to the challenge of behavior change, AVSI said latrines are non existent or poorly maintained in IDP transit sites and home villages. Furthermore, as returns increased, NGOs turned their focus from the original IDP camps to transit sites and home villages. The maintenance of latrines in the original camps was thereby reduced. Unfortunately, people continue to move between the original camps to transit or home villages, carrying HEV with them.

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Returnee Support in Pader  
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¶10. The team visited Mercy Corps activities in Wol sub-county in Pader District. Mercy Corps has activities to support the economy and market systems, WASH, and agriculture and food security. As part of the former, Mercy Corps is implementing a labor based road project to shorten travel times from Okwadoko village and surrounding areas to Pader town. The road was identified as a priority by district government officials and returnees. Each worker is given an assignment and is paid based on the completion of that assignment. This allows beneficiaries

the flexibility to work on the project and prepare their fields.

¶11. From Okwadoko, the team moved to Otingo-wiye to see WASH activities being implemented at a local primary school and agriculture activities. Mercy Corps constructed school latrines and is promoting child-to-child hygiene education in the schools. Agriculture activities are focusing on produce marketing. This was based on input from beneficiaries, who stated that they didn't need seeds and tools, but required assistance in selling the produce. Since all of these activities were designed based on input by the local communities, there is a strong sense that they will be sustainable especially since there appears to be a sense of ownership of many of the activities.

¶12. The last site visit was with Medair. The team met with the hygiene coordinator, field director, and health coordinator. Medair is implementing WASH activities in Pader District. The health coordinator was very knowledgeable about the Medair program and was able to confirm the positive impact of the OFDA-funded WASH interventions on the general health status of the population.

¶13. However, despite the program's initially evident impact, this was the most disappointing visit of the two days. While Medair's OFDA-funded activity ended on the day of our visit, there was unfinished work in the sites visited. The construction of the school latrines visited was completed a month before, however, the latrines are not being used because the holes in the floor have not been cut. When asked, Medair blamed the contractor. When a school teacher was asked about latrine use by the students, he stated that boys use two rudimentary structures, while girls used brush around the school. It was clear that Medair had not visited this village in quite some time. The Program Management Specialist will return to the village in the coming months to ensure that the work has been completed.

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Conclusions  
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¶14. Overall, USAID/OFDA funding has made a significant impact on the lives and livelihoods of the returning population. As with any intervention, there are challenges with program implementation. Therefore, it is suggested that follow-up visits be made by the Program Management Specialist over the next year to ensure that activities are being carried out and completed per the grant agreements.

¶15. There was little or no branding and marking of USAID/OFDA-funded activities, with the exception of t-shirts and caps. When questioned, the NGOs stated that signs will be posted at each site in the coming weeks. This is another issue that should be followed up on during subsequent monitoring visits, especially since each NGO received funding for branding and marking activities.

¶16. Finally, with the approaching rainy season, USAID will need to continue to monitor HEV. The increase during the dry season is disturbing and if the trend continues, there could be a spike during rains in the May-July timeframe.

HOOVER